Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN1830ASC	A. BUILDING _____ B. WING _____	04/20/2009

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WILDCREEK SURGERY CENTER	2285 GREEN VISTA DR SPARKS, NV 89431

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A 00	INITIAL COMMENTS Surveyor: 23119 This Statement of Deficiencies was generated as a result of a state licensure survey initiated at your facility on 4/14/09 and completed on 4/20/09. The findings and conclusions of any investigation by the Health division shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The state licensure survey was conducted in accordance with Chapter 449, Surgery Centers for Ambulatory Patients.	A 00		
A 10	NAC 449.980 Administration The governing body shall ensure that: 7. The center adopts, enforces and annually reviews written policies and procedures required by NAC 449.971 to 449.996, inclusive, including an organization chart. These policies and procedures must: (a) Be approved annually by the governing body. This Regulation is not met as evidenced by: Surveyor: 23119 Based on observation, policy and procedure review and interview, the facility failed to enforce the policy of "time out" prior to beginning a surgical procedure. Findings include: On 4/14/09, the facility's policy and procedures	A 10		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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A 10	Continued From page 1 were reviewed and revealed policy G-10 titled "Verification of operative site" to be done prior to a surgical procedure to "ensure that each procedure is performed at the appropriate and intended anatomical site as written and authorized on the surgical consent. Procedure 4: "The surgical site will be verified by the anesthesia provider prior to the induction of anesthesia." Procedure 5: "A 'time out' will be taken immediately before surgery begins to verify the site with all members of the surgical team." On 4/20/09, a cataract removal procedure was observed. The patient was brought into the surgical suite, and his eye was prepped for the procedure. Present in the room were the surgeon, the anesthesiologist, the surgical assistant, and the registered nurse. A "time out" was not done prior to beginning the procedure. Severity: 2 Scope: 1	A 10		
A 52	NAC 449.981 Appointment/Responsibilities of Administrator 5. The administrator shall: (b) Annually develop, evaluate, revise and carry out policies and procedures for the center. This Regulation is not met as evidenced by: Surveyor: 13812 Based on policy review, the facility failed to provide evidence that the facility policies were reviewed, evaluated and revised on an annual basis. Findings include:	A 52		

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A 52	Continued From page 2 A review of the policy and procedure manuals revealed they were last reviewed and revised in 1997. Minutes of the facility operations committee did not indicate that an annual review of policies had occurred. Severity: 1 Scope: 2	A 52		
A 78	NAC 449.9813 Committee for Quality Assurance 2. The committee must be composed of members of the staff who represent the various clinical and medical services provided by the center. This Regulation is not met as evidenced by: Surveyor: 23119 Based on interview and policy and procedure review the facility failed to have a quality assurance committee composed of members of the staff who represent the various clinical and medical services provided by the center. Findings include: On 4/14/09, the facility's policy and procedures for quality improvement were reviewed. The policy indicated the Quality Improvement committee "is composed of the management team and staff members for each area of our facility: Administrator, Medical Director, nurse manager, business office manager, RM/QI coordinators and any others as deemed necessary." On 4/14/09, the nurse manager of the facility was interviewed. She stated she was the only member of the quality improvement committee. She stated she reviewed the customer satisfaction surveys and performed peer reviews on medical records. The physicians were not	A 78		

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A 78	Continued From page 3 involved in the quality improvement committee. Severity: 1 Scope: 2	A 78		
A 81	NAC 449.9815 Maintenance The administrator shall ensure that the person in charge of maintenance at the center: 1. Has a written program of maintenance of all of the equipment used at the center. This Regulation is not met as evidenced by: Surveyor: 25212 Based on interview, observation, policy and procedure review and review of the manufacturer's handbook the facility failed to provide routine cleaning and maintenance for sterilization equipment. Findings include: On 4/14/09 the sterile processing room was toured and three steam sterilizing machines were observed. On 4/14/09, at 10:00 AM, the surgical services nurse reported that she drains and cleans the three sterilizer machines monthly. She reported that there was no routine maintenance to be done except the monthly cleaning. She further reported that the manufacturer representative was contracted to come out and service the autoclaves on an as needed basis only. She reported that there was no service contract for routine preventative maintenance. During the tour, two Tuttnauer steam autoclaves were observed. One was in use at the time of the survey. The other autoclave was not in use as it was in need of repair.	A 81		

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A 81	Continued From page 4 Review of the manufacturer's handbook for the two sterilizers that are manufactured by Tuttnauer (model 2540EK) revealed the following: Maintenance Instructions 9.1.1 Daily: Clean the door gasket with a soft cloth. The gasket should be clean and smooth. 9.1.2 Weekly: Take out the tray holder and trays. Clean the tray holder and trays with a cleaning agent and water with a cloth sponge... rinse with water... 2. Once a week clean and descale the chamber, copper tubes and the reservoir... 3. Put a few drops of oil on the two door pins and door tightening bolts. 4. Clean the outer parts of the autoclave with a soft cloth. 5. Once a week, or after 20 cycles (whichever comes first), drain the water from the reservoir, and refill with fresh mineral free water or distilled water. 6. Clean the electrode with a soft cloth. 7. Clean the air jet... 9.1.3 Periodically: 1. replace the air filter every six months. 2. Replace door gasket every 12 months. 3. Clean the strainer once a month... Cleaning frequency may be reduced according to previous maintenance. 9.1.4 Periodical Tests: 1. Once every month activate the safety valve. 2. Once every month, check the air jet. During the tour of the sterile processing area a Statim Cassette Sterilizer was observed and was reportedly being used on a regular basis. Review of the Operator's Manual revealed the following: Maintenance:	A 81		

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A 81	Continued From page 5 5.1 Cleaning the Cassette Keeping the Statim cassette clean is a good clinical practice and assists in the function of the unit. (Manufacturer) recommends that the interior surface be cleaned at least once a week... A drying agent should be applied every ten cycles, and after every cassette cleaning. 5.2 Cleaning the Reservoir Check the reservoir for dirt or particles. The reservoir may be cleaned by draining followed by cleaning and rinsing with steam process distilled water only... 5.3 Cleaning the Exterior Surfaces Use a soft cloth moistened with soap and water to clean all exterior surfaces... 5.4 Changing the Statim 2000 Air filter The filter should be replaced every six months in order to maintain an adequate supply of clean air during the air drying cycle. 5.5 Changing the Bacteria Retentive Air Filters The filters should be replaced every six months or after 500 cycles to maintain an adequate supply of clean air during the drying cycle. 5.6 Replacing the Cassette Seal To ensure optimum performance of your cassette autoclave, change the cassette seal every 500 cycles or six months, Whichever comes first. When replacing the cassette seal, the cassette channel must be flushed with distilled water. 5.7 Maintaining Fluid levels Use only steam process distilled water... Each time you refill the reservoir, empty the waste bottle and refill with water... 5.8 Preventative Maintenance Schedule To ensure trouble free performance, both the operator and the dealer must follow a preventative maintenance schedule. Review of the facility's policies and procedures revealed a policy titled "Autoclave maintenance",	A 81		

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A 81	Continued From page 6 that read: Policy: (Facility) will ensure optimal functioning capabilities of the autoclaves. Procedure: 1. Routine Maintenance and repairs will be done on an as needed basis. 2. Maintenance will be performed by qualified personnel utilizing manufacturers recommended procedure and service manuals. 3. Accurate and complete records will be maintained concerning all maintenance and repairs. Severity: 2 Scope: 2	A 81		
A 82	NAC 449.9815 Maintenance The administrator shall ensure that the person in charge of maintenance at the center: 2. Has written service contracts with vendors that require the inspection and repair of equipment as needed. This Regulation is not met as evidenced by: Surveyor: 25212 Based on interview, observation, policy and procedure review and review of the manufacturer's handbook the facility failed to ensure that a service contract was in place for routine and preventative maintenance. Findings include: On 4/14/09 the sterile processing room was toured and three steam sterilizing machines were observed. On 4/14/09 at 10:00 AM, the surgical services nurse reported that she drains and cleans the three sterilizer machines monthly. She reported that there was no routine maintenance to be done	A 82		

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A 82	Continued From page 7 except the monthly cleaning. She further reported that the manufacturer's representative was contracted to come out and service the autoclaves on an as needed basis only. She reported that there was no service contract for routine preventative maintenance. During the tour two Tuttnauer steam autoclaves were observed. One was in use at the time of the survey. The other autoclave was not in use as it was in need of repair. Review of the manufacturer's handbook for the two sterilizers that are manufactured by Tuttnauer (model 2540EK) revealed the following: Maintenance Instructions 9.1.1 Daily: Clean the door gasket with a soft cloth. The gasket should be clean and smooth. 9.1.2 Weekly: Take out the tray holder and trays. Clean the tray holder and trays with a cleaning agent and water with a cloth sponge... rinse with water... 2. Once a week clean and descale the chamber, copper tubes and the reservoir... 3. Put a few drops of oil on the two door pins and door tightening bolts. 4. Clean the outer parts of the autoclave with a soft cloth. 5. Once a week, or after 20 cycles (whichever comes first), drain the water from the reservoir, and refill with fresh mineral free water or distilled water. 6. Clean the electrode with a soft cloth. 7. Clean the air jet... 9.1.3 Periodically: 1. replace the air filter every six months. 2. Replace door gasket every 12 months. 3. Clean the strainer once a month... Cleaning frequency may be reduced according to previous	A 82		

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A 82	Continued From page 8 maintenance. 9.1.4 Periodical Tests: 1. Once every month activate the safety valve. 2. Once every month, check the air jet. During the tour of the sterile processing area a Statim Cassette Sterilizer was observed, and was reportedly being used on a regular basis. Review of the Operator's Manual revealed the following: Maintenance: 5.1 Cleaning the Cassette Keeping the Statim cassette clean is a good clinical practice and assists in the function of the unit. (Manufacturer) recommends that the interior surface be cleaned at least once a week... A drying agent should be applied every ten cycles, and after every cassette cleaning. 5.2 Cleaning the Reservoir Check the reservoir for dirt or particles. The reservoir may be cleaned by draining followed by cleaning and rinsing with steam process distilled water only... 5.3 Cleaning the Exterior Surfaces Use a soft cloth moistened with soap and water to clean all exterior surfaces... 5.4 Changing the Statim 2000 Air filter The filter should be replaced every six months in order to maintain an adequate supply of clean air during the air drying cycle. 5.5 Changing the Bacteria Retentive Air Filters The filters should be replaced every six months or after 500 cycles to maintain an adequate supply of clean air during the drying cycle. 5.6 Replacing the Cassette Seal To ensure optimum performance of your cassette autoclave, change the cassette seal every 500 cycles or six months, Whichever comes first. When replacing the cassette seal, the cassette	A 82		

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A 82	Continued From page 9 channel must be flushed with distilled water. 5.7 Maintaining Fluid levels Use only steam process distilled water... Each time you refill the reservoir, empty the waste bottle and refill with water... 5.8 Preventative Maintenance Schedule To ensure trouble free performance, both the operator and the dealer must follow a preventative maintenance schedule. Review of the facility's policies and procedures revealed a policy titled "Autoclave maintenance", that read: Policy: (Facility) will ensure optimal functioning capabilities of the autoclaves. Procedure: 1. Routine Maintenance and repairs will be done on an as needed basis 2. Maintenance will be performed by qualified personnel utilizing manufacturers recommended procedure and service manuals. 3. Accurate and complete records will be maintained concerning all maintenance and repairs. Severity: 2 Scope: 2	A 82		
A173	NAC 449.992 Pathological Services 3. A list of tissues that do not routinely require microscopic examination must be approved by a pathologist and made available to the laboratory and the members of the medial staff. This Regulation is not met as evidenced by: Surveyor: 13812 Based on policy review, the facility failed to demonstrate that the list of exempt pathology specimens had been approved by the pathologist. Findings include:	A173		

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A173	Continued From page 10 A review of the list of exempt specimens for pathology did not have a signature of approval by the contracting pathologist. An interview with the nurse manager revealed she was not aware of the requirement. Severity: 1 Scope: 3	A173		
A236	NAC 499.9843.1 Construction Compliance NAC 449.9843 Compliance with standards of construction: 1. An ambulatory surgical center shall comply with the provisions of the NFPA 99: Standard for Health Care Facilities concerning medical gases, adopted by reference pursuant to secton 1 of this regulation, and the provisions of NFPA 101: Life Safety Code, adopted by reference pursuant to section 1 of this regulation. 2. Any new construction, remodeling or change in the use of an ambulatory surgery center must comply with Guidelines for Design and Construction of Hospital and Health Care Facilities, adopted by reference pursuant to section 1 of this regulation, unless the remodeling is limited to refurbishing an area within the center, including, without limitation, painting the area, replacing flooring in the area, repairing windows in the area and replacing window or wall coverings in the area. This Regulation is not met as evidenced by: Surveyor: 20773	A236		

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A236	Continued From page 11 National Fire Protection Association (NFPA) 101 Life Safety Code (LSC) Chapter 21, Existing Ambulatory Health Care Occupancies, 2006 Edition. 21.2.9 Emergency Lighting and Essential Electrical Systems 21.2.9.1 Emergency lighting shall be provided in accordance with Section 7.9 7.9.2.3 The emergency lighting system shall be arranged to provide the required illumination automatically in the event of any interruption of normal lighting due to any of the following: (1) Failure of a public utility or outside electrical power supply (2) Opening of a circuit breaker or fuse (3) Manual act(s), including accidental opening of a switch controlling normal lighting facilities Based on observation and testing, the facility failed to ensure that the battery operated emergency lighting was functional. Findings include: In Operating Room #1 on the south wall there was an emergency light battery pack supplied that did not function when tested. In Operating Room #2 on the south wall there was an emergency light battery pack that did not function when tested. National Fire Protection Association (NFPA) NFPA 99 Health Care Facilities 3-6.3.1 Source 3-6.3.1.1 The emergency system shall have an alternate source of power separate and independent from the normal source that will be effective for a minimum of 11/2 hours after loss of	A236		

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A236	Continued From page 12 normal source. 3-6.4.1 Maintenance and Testing 3-6.4.1.1 Maintenance and Testing of Alternate Power Source and Transfer Switches (b) Inspection and Testing. Generator sets shall be inspected and tested in accordance with 3-4.4.1.1(b) 3-4.4.4.1.1 Maintenance and Testing of Alternate Power Source and Transfer Switches (b) (2) Test Conditions. The scheduled test under load conditions shall include complete simulated cold start and appropriate automatic and manual transfer of all essential electrical system loads. Based on record review and interview, the facility failed to test the emergency power system under load. Findings include: The facility had records of 1/2 hour testing of the generator for the last 12 months. An interview with the Director of Nursing revealed she would use the test switch mounted on the transfer switch. The identified switch only starts the generator's motor and does not put the generator under load. Severity: 2 Scope: 3	A236		
A9999	Final Comments Surveyor: 13812 Each program for the prevention and control of infections and communicable diseases must include policies and procedures to prevent exposure to blood-borne and other potentially infectious pathogens, including, without limitation, policies and procedures relating to:	A9999		

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A9999	Continued From page 13 14. The screening for communicable diseases as described in NAC 441A.375 of all employees and of all persons under contract with the ambulatory surgical center who work at the center and have exposure to patients at the center. Based on record review and interview, the facility failed to ensure that all persons involved in direct patient care were tested for tuberculosis. Findings include: A review of the credentialing files of the two anesthesiologists contracted by the facility did not have evidence of a tuberculin skin test per facility policy. An interview with the nurse manager revealed the contracting group of anesthesiologists did not test their physicians and the facility did not test the anesthesiologists for tuberculosis. Surveyor: 23119 Sec 15: Each program for the prevention and control of infections and communicable diseases must include policies and procedures to prevent exposure to blood-borne and other potentially infectious pathogens, including, without limitation, policies and procedures relating to: 3: Safe injection practices to prevent the contamination of equipment used for injections and medication. Those policies and procedures must provide that a new sterile needle and new sterile syringe must be used for each patient and may not be used for more than one patient. Based on review of facility policy and procedure and interview the facility failed to have an	A9999		

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A9999	Continued From page 14 infection control policy and procedure that provided that a new sterile needle and a new sterile syringe must be used for each patient and may not be used for more than one patient. Findings include: The facility's policy and procedure titled "Infection Control" was reviewed and failed to reveal a policy specific to using a new sterile needle and a new sterile syringe for each patient and may not be used for more than one patient. Sec 16: Each program for the prevention and control of infections and communicable diseases must include policies and procedures for multidose vials which provide that a multidose vial may be accessed only by using an aseptic technique. The policies and procedures must provide that: b. A new sterile needle and new sterile syringe must be used each time to access a multidose vial; c. Upon first access of a multidose vial, the person who accessed the vial shall date and initial the vial; e. A needle must not be left inserted in the cap of a multidose vial after its use. Based on review of the facility's policy and procedure for Infection Control, the facility failed to have policies and procedures that a new sterile needle and a new sterile syringe must be used each time to access a multidose vial and upon first access of a multidose vial, the person who accessed the vial shall date and initial the vial. Findings include: Review of the facility's Infection Control policy	A9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN1830ASC	A. BUILDING _____ B. WING _____	04/20/2009

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A9999	Continued From page 15 and procedures failed to reveal a policy specific to using a new sterile needle and a new sterile syringe each time a multidose vial is accessed. The policy and procedures did not provide that the person who first accessed a multidose vial shall date and initial the vial. The policy and procedures did not provide that a needle must not be left inserted in the cap of a multidose vial after its use. On 4/14/09, the nurse manager was interviewed and confirmed the policy and procedure had not been updated to include the new requirements. Surveyor: 25212 Based on observation, interview, and policy review, the facility failed to follow their policy and procedure for marking eye drops with a date when opened in order to ensure that the medication is not used beyond the date that the medication was to be discarded. Findings include: During the tour of the facilities pre-operative and post-operative areas four bottles of eye drops were found to be opened and were observed to have been administered to patients. The eye drops were found to have no open date on the bottle. On 4/20/09 at 11:00 AM, Registered Nurse (RN)#1 was interviewed and reported that the facility had implemented a new policy related to the dating of eye drop bottles at the time that they are opened, and that the eye drops are discarded after 90 days.	A9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A9999	Continued From page 16 Review of the policy dated 9/99, revealed the following: Section: L-10 Title Infection Control: 4) All multi-dose vials will be discarded 30 days after opening. Labeling Medications: A. Medications and associated chemicals are accurately labeled with contents, expiration dates, and appropriate warnings. Severity: 1 Scope: 3	A9999		